

United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors Stage Stores, Inc., a Delaware corporation <input checked="" type="checkbox"/> Specialty Retailers, Inc., a Texas corporation Specialty Retailers, Inc. (NV), a Nevada corporation		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-24485 United States Bankruptcy Court Southern District of Texas FILED JUL 18 2000 Michael N. Milby, Clerk
*place an "x" beside the name of the Debtor you are filing a claim against		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name of Creditor (The person or other entity to whom the debtor owes money or property): Henry County Treasurer			
Name and address where notices should be sent: *****AUTO**ALL FOR AADC 460 Henry County Treasurer 101 S Main St New Castle IN 47362-4219 [Barcode]		Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: 230-03903-00		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: 1999 PAYABLE 2000		3. If court judgment, date obtained: _____	
4. Total Amount of Claim at Time Case Filed: \$ 3,813.84 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)-_____. *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space Is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		110	
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 7/12/00	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) PATRICIA A FRENCH, HENRY COUNTY TREASURER		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Parcel #230-03903-00 PERSONAL PROP.		Unit:NEW CASTLE	Bill Type:BILLING
Name/Address		Map Key	Oil Asmt Prcl?
1)SPECIALTY RETAILERS, INC.		5)n/a	6)n
2)% HARDING & CARBONE INC		Legal Description	
3)3903 BELLAIRE BLVD		7)BUSINESS--STAGE STORE #743	
4)HOUSTON TX 77025		8)	
Added Asmts/Rechrgs/Msc Fxd Asmts		9)	
10)Type	11)Period	12)Fixed?	Rates:12.5353
VALUE	LAND	IMPROVE	Total Value
Res 13)n/a	14)n/a	16.1850	85,100.00
Non-Res 15)	85,100	16)n/a	Exmpt+Std Ded
Exemptions	Misc. Information	Ded: 0.00	.00
Type	Amount	23)Government Emp	Net Value
17)	18)	24)Recorder Bk/Pg n/a	85,100.00
19)	20)	25)Bill To	Gross Tax
21)	22)		10,667.54
Additional Penalties and Interest			Less Replace Cr
Period	Fixed Amt	Percent Amt	1,726.54
LA Penalty 26)	27)	28)	Less PPTRCr
Under Val Pen 29)	30)		1,313.32
Int After Due 31)	32)		Net Tax
Transferred From			7,627.68
33)			LA and UV Pen
			.00
			Total Currnt Tx
			7,627.68
			Prior Delinq
			.00
			Prior Penalties
			.00
			Total Tax
			7,627.68
			Int After Due
			.00
			May Due
			3,813.84
			Nov Due
			3,813.84
			Remaining Tx Due
			3,813.84